

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION





	amendment and name has changed, and indicate change.)	
Morrison Street Fund II, L.P Limited		
Filing Under (Check box(es) that apply): Type of Filing: New Filing	☐ Rule 504 ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6) endment	ULOE
	A. BASIC IDENTIFICATION DATA	Allen
Enter the information requested about t		
	endment and name has changed, and indicate change.)	
Morrison Street Fund II, L.P.	manient and name has shanged, and more thangely	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
	(1000pmono (
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Investment in entities that hold debt or	equity interests in real estate.	
Type of Business Organization		PROCESSED
corporation business trust	limited partnership, already formed other (p limited partnership, to be formed	mease specify):
- Dusiness trust	Month Year	AUG 1 1 2005
Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization		
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offerin 77d(6).	g of securities in reliance on an exemption under Regulation D o	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
and Exchange Commission (SEC) on the ear	er than 15 days after the first sale of securities in the offering. lier of the date it is received by the SEC at the address given be United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange	ge Commission, 450 Fifth Street, N.W., Washington, D.C. 20:	549.
Copies Required: Five (5) copies of this not photocopies of the manually signed copy or	ice must be filed with the SEC, one of which must be manuall bear typed or printed signatures.	y signed. Any copies not manually signed must be
	ontain all information requested. Amendments need only repointed any material changes from the information previously suppl	
Filing Fee: There is no federal filing fee.		
State:		
ULOE and that have adopted this form. Is are to be, or have been made. If a state rec	e on the Uniform Limited Offering Exemption (ULOE) for signers relying on ULOE must file a separate notice with the Squires the payment of a fee as a precondition to the claim for filed in the appropriate states in accordance with state law.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
	ATTENTION ———	
	riate states will not result in a loss of the federal ex result in a loss of an available state exemption unle	

2. Enter the information re	equested for the fo	Sergen Statue Region & Britishayin R	ENTIFICATION DATA		
		suer has been organized w	rithin the past five years;		
·-	· ·	=		of, 10% or more of	a class of equity securities of the issuer.
			corporate general and man		
		of partnership issuers.	corporate general and man	luging partners of	partnership issuers, and
Each general and i	managing partner o	partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			,	
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		·····		
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)	The state of the s			
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	, u			
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary	

			and Mala		B. II	NFORMAT	ION ABOU	T OFFERI	NG	i e i i j			
1.	Has the	issuer solo	l, or does th	ne issuer in	ntend to se	ll. to non-a	ccredited i	nvestors in	this offeri	ing?		Yes	No E
			,			Appendix,				Ū		لسط	A3
2.	What is	the minim	um investm					_			***************************************	\$	
												Yes	No
3.	Does the	e offering	permit joint	t ownershi	p of a sing	le unit?	•••••	••••••			•••••	X	
4.	commiss If a person or states	sion or sim on to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase ent of a brok ore than five	ers in conne ker or deale e (5) persor	ection with r registered is to be list	sales of sec l with the S ed are asso	curities in t SEC and/or	irectly, any he offering. with a state ons of such		
Ful	l Name (I	Last name	first, if indi	ividual)									
Bus	siness or l	Residence	Address (N	umber and	1 Street, Ci	ity, State, Z	Cip Code)						
Nar	ne of Ass	ociated Br	oker or Dea	aler					<u></u>				
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				~~~		
	(Check	"All States	" or check	individual	States)		•••••					☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (l	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	City, State, 2	Zip Code)					7	
Nai	ne of Ass	sociated Br	oker or Dea	aler				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_				
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		••••					☐ Al	1 States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (I	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	City, State, I	Zip Code)						
Nar	ne of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)							☐ A!	l States
							CT	DE	DC	FL	GA	ш	נמנו
	AL	AK	AZ	AR	CA	CO	CT	DE	DC_1		UA	HI	ID
	AL IL MT	AK IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	0.00	¢
	Equity		\$
	Common Preferred	Φ	4
	Convertible Securities (including warrants)	r 0.00	¢
	_		s 38.800.000.00
	Partnership Interests		
	Other (Specify)		
	Total		\$_50,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	35	\$_38,800,000.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ 15,000.00
	Legal Fees		\$ 85,000.00
	Accounting Fees	-	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	_	\$ 100,000.00

	b. Enter the difference between the aggrega and total expenses furnished in response to Pa proceeds to the issuer."		"adjusted gross	\$49,900,000.00
	Indicate below the amount of the adjusted g each of the purposes shown. If the amoun check the box to the left of the estimate. The proceeds to the issuer set forth in response	t for any purpose is not known, furnish a total of the payments listed must equal the	n estimate and	
		•	Payments to	
			Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	\$_49,900,000.00
	Purchase of real estate			
	Purchase, rental or leasing and installation and equipment	of machinery	\$	<u> </u>
	Construction or leasing of plant buildings	and facilities	[] \$	\$
	Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger)	the assets or securities of another	□ ¢	□ ¢
	Repayment of indebtedness			_
	Working capital			
	Other (specify):			
			_	_ U *
				[\$
	Column Totals		\$_0.00	\$49,900,000.00
	Total Payments Listed (column totals adde	\$_	49,900,000.00	
		D. FEDERAL SIGNATURE		The second secon
ig	e issuer has duly caused this notice to be signe- mature constitutes an undertaking by the issue information furnished by the issuer to any r	er to furnish to the U.S. Securities and Exc	hange Commission, upon writ	
SS	uer (Print or Type)	Signature	Date	
М	orrison Street Fund II, L.P.	Payl	8/4 10%	
	ame of Signer (Print or Type)	Title of Signer (Print or Type)	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)